

6-10-04

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23859 7590 03/09/2004

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Gwendolyn D. Spratt, Reg. No. 36,010	Depositor's name
<i>Gwendolyn D. Spratt</i>	(Signature)
June 9, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/491,146	01/25/2000	Yury E. Khudyakov	03063-0281 14114034442	8145

TITLE OF INVENTION: MOSAIC PROTEIN AND RESTRICTION ENDONUCLEASE ASSISTED LIGATION METHOD FOR MAKING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	06/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LUCAS, ZACHARIAH	1648	536-023720

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<i>Needle &amp; Rosenberg, P.C.</i>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
**The Government of the United States** Washington, D.C.  
 of America, as represented by the Secretary, Department of Health and Human Services  
 c/o Centers for Disease Control and Prevention

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

Issue Fee

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A check in the amount of the fee(s) is enclosed.

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-0629 (enclose an extra copy of this form).

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(Authorized Signature) Gwendolyn D. Spratt (Date) June 9, 2004  
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01 FC:1501 1330.00 OP  
 02 FC:8001 36.00 OP

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